

AFFIDAVIT

STATE OF INDIANA

STATE OF INDIANA
COUNTY OF _____ } ss.

NAME _____

ADDRESS

Deposits and says upon his (or her) oath that:

The affiant warrants and agrees to defend his(her) claim. The affiant further agrees to indemnify and hold harmless the Indiana Bureau of Motor Vehicles from any liability arising from this transaction.

I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury.

SIGNED

DATE _____